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Dated: 1/4/06

Signature: 

(Ginny Blundell)

Docket No.: COTH-P04-507

2006 JUN 10 PM 0:00 (PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Lipovsek et al.

Application No.: 10/728078

Confirmation No.: 7953

Filed: December 3, 2003

Art Unit: 1654

For: PROTEIN SCAFFOLDS FOR ANTIBODY
MIMICS AND OTHER BINDING PROTEINS

Examiner: Maury A. Audet

**ASSERTION OF SMALL ENTITY STATUS UNDER 37 CFR § 1.27(C)
AND REQUEST FOR REFUND UNDER 37 CFR § 1.28**

MS 16
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby notify the Patent Office that Applicant is a small entity as defined within the meaning of 37 CFR § 1.27(a), and existed as a small entity at the time of payment of the fee as herein below described. Accordingly, Applicant is entitled to payment of reduced fees under 37 CFR § 1.27(b).

On December 30, 2005, a fee for a three-month extension of time was paid for the above-referenced patent application in which Applicant was mistakenly identified as a large entity. As a result, the United States Patent and Trademark Office was incorrectly authorized to withdraw the large entity fee of \$1,020.00 instead of the small entity fee of \$510.00. Enclosed herewith is a copy of the Fee Transmittal as submitted on December 30, 2005, on which the incorrectly authorized fee is highlighted for your convenience.

The undersigned authorizes the credit of **\$510.00** to our Deposit Account No. 18-1945, under Order No. COTH-P04-507, from which the undersigned is authorized to draw.

Dated: January 4, 2005

Respectfully submitted,

By 

Z. Angela Guo

Registration No.: 54,144

ROPES & GRAY LLP

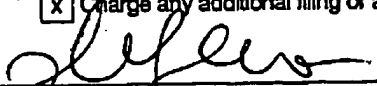
One International Place

Boston, Massachusetts 02110-2624

(617) 951-7000

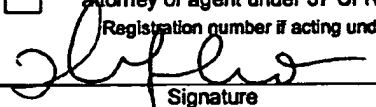
(617) 951-7050 (Fax)

Attorneys/Agents For Applicant

| | | | | | |
|---|---|---|-----------------------------------|---------------------------------|----------------|
| AMENDMENT TRANSMITTAL LETTER | | | Docket No. COTH-P04-507 | | |
| Application No. 10/728078 | Filing Date December 3, 2003 | Examiner M. A. Audet | Art Unit 1654 | | |
| Applicant(s): Lipovsek et al. | | | | | |
| Invention: PROTEIN SCAFFOLDS FOR ANTIBODY MIMICS AND OTHER BINDING PROTEINS | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 35 | - 43 = | 0 | x | |
| Independent Claims | 7 | - 7 = | 0 | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| Extension for response within third month | | | | | 1020.00 |
| Submission of an Information Disclosure Statement | | | | | 180.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 1200.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-1945</u> in the amount of \$ <u>1200.00</u> . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Z. Angela Guo Attorney Reg. No.: 54,144 ROPES & GRAY LLP One International Place Boston, Massachusetts 02110-2624 (617) 951-7739 | | | | Dated: <u>December 30, 2005</u> | |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: <u>12/30/05</u> Signature: <u>[Signature]</u> (Ginny Blundell) | | | | | |



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| | | | |
|---|------------|---|------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) COTH-P04-507 | |
| Application Number 10/728078 | | Filed December 3, 2003 | |
| For PROTEIN SCAFFOLDS FOR ANTIBODY MIMICS AND OTHER BINDING PROTEINS | | | |
| Art Unit 1654 | | Examiner M. A. Audet | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> . I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>54,144</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | |
|  _____ Signature | | _____ December 30, 2005 Date | |
| _____ Z. Angela Guo Typed or printed name | | _____ (617) 951-7546 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

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Dated: 12/30/05 Signature: G. Blundell (Ginny Blundell)

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Adjustment date: 01/24/2006 EEKUBAY1
01/04/2006 MBELETE1 00000012 181945 10728078
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